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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Globe</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>98</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>271</u>	
Town of <u>Globe</u>	(No. _____) St. _____ Ward _____	Local Registrar's No. _____	
or City of <u>Globe</u>			
FULL NAME OF CHILD <u>William Santee Andrus</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>NO</u>	
Sex <u>Male</u>	Twin, Triplet or other _____	and Number in order of birth <u>2</u>	Legitimate? <u>yes</u>
Date of Birth <u>October 4</u>	(Month) (Day) (Yr.)	1915	
FATHER <u>Robert Cone Andrus</u>		MOTHER <u>Elizabeth Santee</u>	
Residence <u>Globe Arizona</u>	Age at last Birthday <u>33</u> (Years)	Residence <u>Globe, Ariz.</u>	Age at last Birthday <u>31</u> (Years)
Color or Race <u>White</u>	Birthplace <u>Brooklyn N.Y.</u>	Color or Race <u>White</u>	Birthplace <u>Thornburg Iowa</u>
Occupation <u>Banker</u>		Occupation <u>Housewife</u>	
Number of children of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct. 4</u> , 1915, at <u>5:50</u> P.M.			
*When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191_____		(Signature) <u>Alvin Farnse M.D.</u>	
		(Attending physician, midwife, householder, etc.)	
		Address <u>Globe, Ariz.</u>	
Filed <u>Oct 6</u> , 1915		LOCAL REGISTRAR.	
612-1004-525		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	